

**BOARD OF REGISTERED NURSING**

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Ruth Ann Terry, MPH, RN

Executive Officer



## CHANGE OF ADDRESS AND/OR NAME FOR APPLICANTS

PLEASE PRINT OR TYPE

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
<b>DATE OF BIRTH:</b> <i>(Month/Day/Year)</i>		<b>U.S. SOCIAL SECURITY NUMBER:</b>		<b>E-MAIL ADDRESS:</b>	
<b>COMPLETE FOR CHANGE OF ADDRESS ONLY</b>					
<b>PREVIOUS ADDRESS:</b> <i>Number and Street</i>					
<i>City</i>	<i>State</i>	<i>Country</i>	<i>Postal/ZIP Code</i>		
<b>NEW ADDRESS:</b> <i>Number and Street</i>					
<i>City</i>	<i>State</i>	<i>Country</i>	<i>Postal/ZIP Code</i>		
<b>COMPLETE FOR CHANGE OF NAME ONLY</b>					
<p>YOU <b><u>MUST</u></b> SUBMIT A COPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES. Examples of acceptable forms of legal documentation are <b>birth certificate, marriage certificate, divorce decree and/or court documents</b>. A copy of a <b>driver's license, social security card or passport is <u>not</u> acceptable</b>.</p>					
<b>PREVIOUS NAME:</b> <i>Last</i>		<i>First</i>		<i>Middle</i>	
<b>NEW NAME:</b> <i>Last</i>		<i>First</i>		<i>Middle</i>	
<p>I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct, and complete.</p> <p><b>SIGNATURE:</b> _____ <b>DATE:</b> _____</p>					